

Name  
in  
Full

Charlotte

Baer

## CERTIFICATE OF DEATH

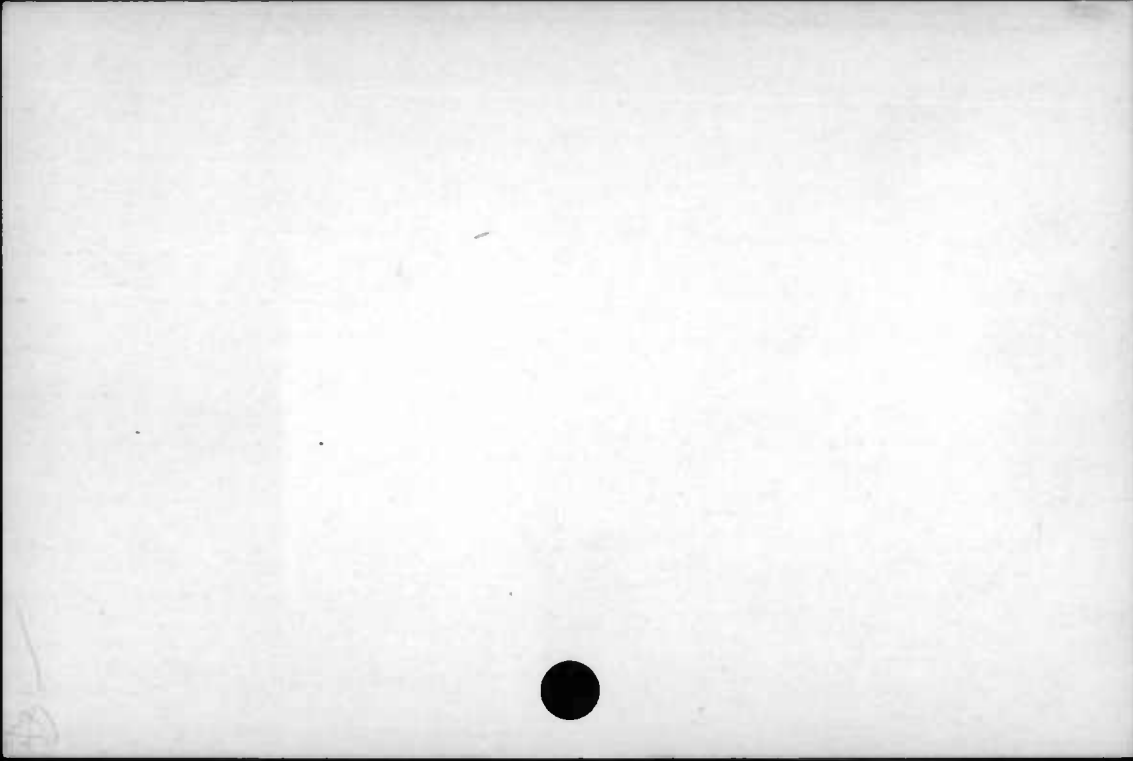
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fresh</u> <small>Town</small>		<u>Fresh</u> <small>County</small>		MARYLAND	
Date of death 190	<u>3</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>90</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>William Baer</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Janiet Maury</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Hella Baer</u>			How related to deceased <u>sister</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senility</u>	How long
Immediate <u>Exhaustion</u>	How long <u>several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm J. Green</u>
	Address <u>Fresh Md</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Eugene Bentley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Montome Hospital		Frederick					
Date of death 190	Month	Day	Age	Years	Months	Days	
0	Sept	24	26				
Sex	Male		Color or Race	Colored		Birth-place	X
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
X							
Father's Name	X		49.		Father's Birthplace	X	
Mother's Maiden Name	X				Mother's Birthplace	X	
Name of person giving information					How related to deceased	—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease, Mitral Valve	How long	Several yrs
Immediate	Pulmonary embolism	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. S. Magwood.	
Address		17 Second St. W.	
Accident or Suicide?			

2

Name in Full

Certificate of Death

Bradley Morrell Biddinger

Died at

Liberty Town

County

Frederick

MARYLAND

Date

1903 Sept 21

Age

Y. M. D. 8 7

Native of

Md

Occupation

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Bradley Biddinger

Mother's

Name

Laura M. Eaves

Cause of

Primary

Enteric-Colitis

How long sick

5 days

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

Otis B. Stone M. A.

Address

Liberty Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

*William Broze*

CERTIFICATE OF DEATH

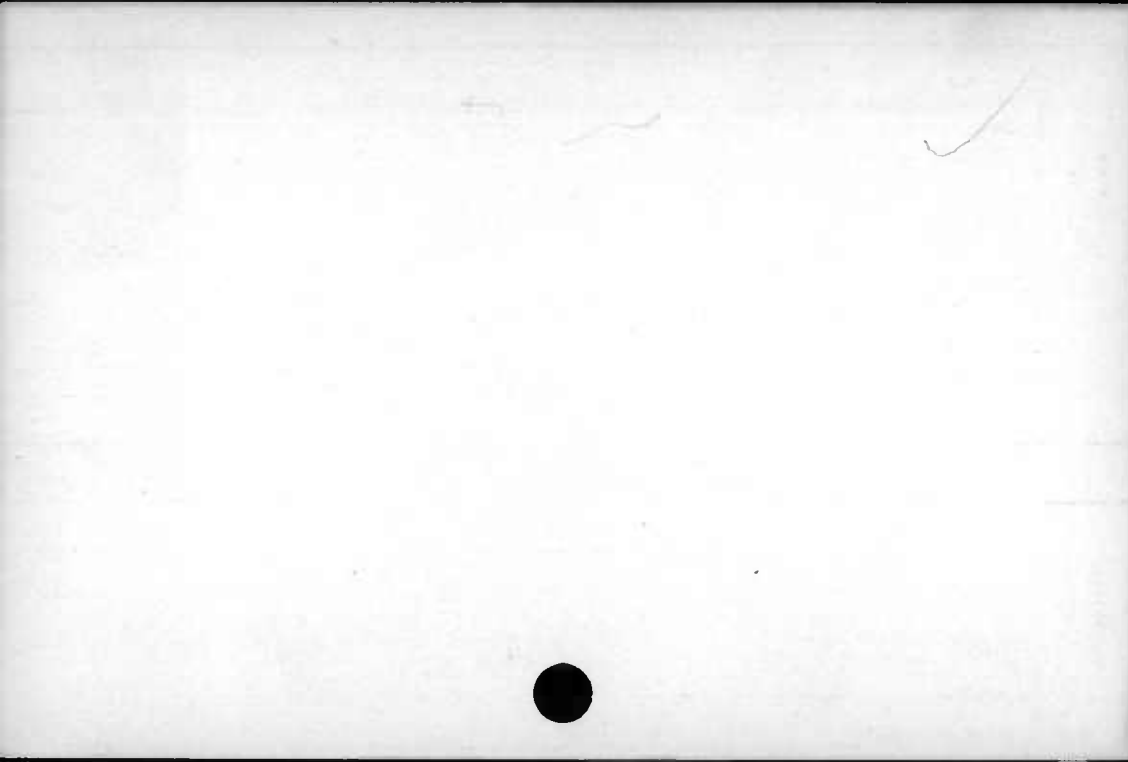
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montevideo Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Sept</i>	Day <i>27</i>	Years <i>50</i>	Months	Days		
Sex <i>Male</i>		Color or Race <i>Celoid</i>		Birth-place			
<del>Married</del> Single		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>+</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. S. Hayward</i>
	Address <i>17 Second St. W.</i>
<del>Accident or Suicide?</del>	





Name  
in  
Full

Daniel Carroll

## CERTIFICATE OF DEATH

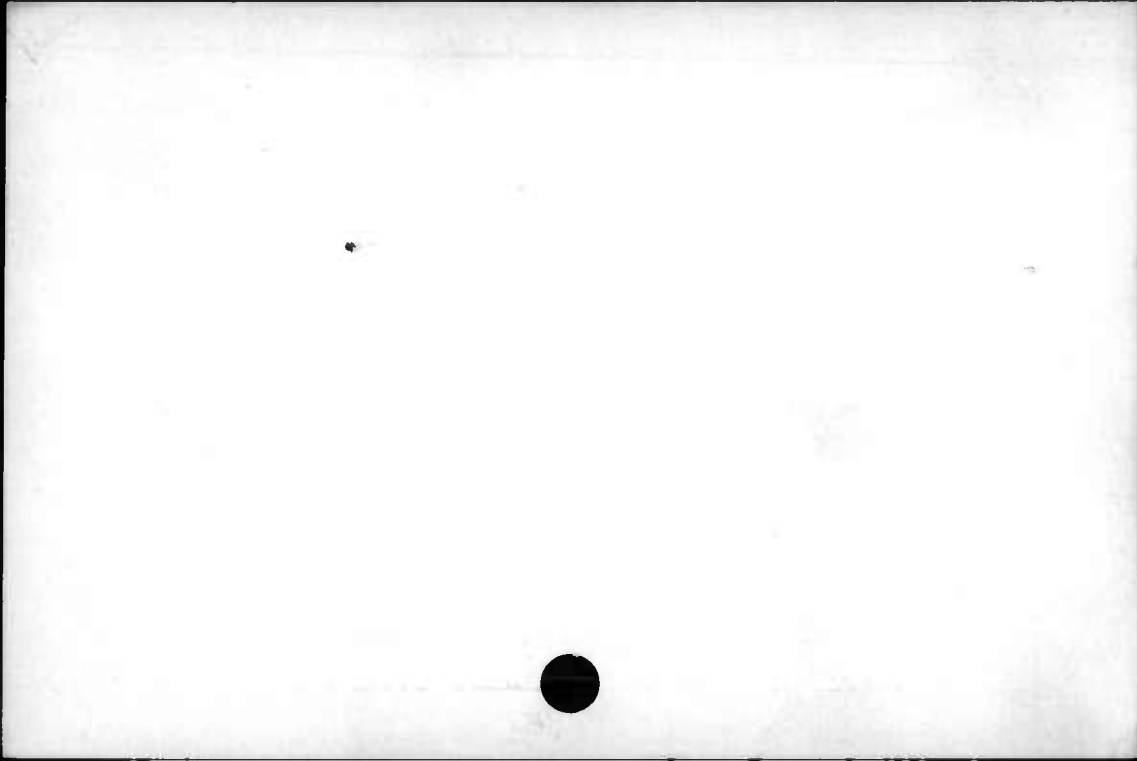
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stor Point</i> <i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>6</i>	Age <i>30</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>?</i>	
Married, Single or Widowed <i>L</i>	Occupation <i>Robber</i>		
Name of Wife or Husband			
Fether's Name		Fether's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsion</i>	How long <i>?</i>
Immediate <i>Suffocation</i>	How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. C. Cuddy</i>
	Address <i>Acting Coroner Physician</i>
Accident or <del>Self</del> <i>Accident</i>	



Name  
in  
Full

Margaret C. Cochran

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Burrsville		Frederick		County		MARYLAND			
Date		Month		Day		Years		Months		Days	
of death 190		3		Sep.		23		Age		67	
Sex		Female		Color or Race		White		Birth-place		Maryland	
Married, Single or Widowed		Widowed		Occupation		Housework					
Name of Wife or Husband		Perry Cochran									
Father's Name		David Selsam		21		Father's Birthplace		Md			
Mother's Maiden Name						Mother's Birthplace					
Name of person giving information		Carleton Cochran		How related to deceased		Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Tuberculosis		How long		Many years	
Immediate		Heart failure		How long		a day.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. Youree	
				Address		Burrsville, Md	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Tharmont</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>24</i>	Age <i>55-</i>	Months <i>1</i>	Days <i>12</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Harriet Damuth</i>					
Father's Name <i>Jacob Damuth</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Stokes</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Wife</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lymphoid Pneumonia</i>	How long <i>8 weeks</i>
Immediate <i>Acute mania</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas K. Watkins M.D.</i>
	Address <i>Tharmont -</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Harvey Gausberger

Town

County

Died at

Date 1903

Male

Husband  
ofFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frederick

Frederick

MARYLAND

Month Day Y. M. D. Native of Occupation

Sept. 16 Age 2. Male White Married Widowed Divorced

Female Colored Single Widowed Number of children living

Wm. Gausberger Mother's Maiden Name

Cause of Death Primary Scald - 1/2 body - Immediate Shock

How long sick  
12 hours

Accident, Suicide, Homicide

J. O. Hendrip, M.D.  
Frederick, Md.





Name in Full

Certificate of Death

Bertha M. Diggs

Town

County

Died at

Frederick

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

1903

9

20

Age

14-9

-

Md

School

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

X

Wife

Father's

Name

Wm Diggs

Mother's

Name

Lucia Gray

Cause of

Primary

Typhoid Fever

How long sick

21 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. J. Goodlee. M.D.

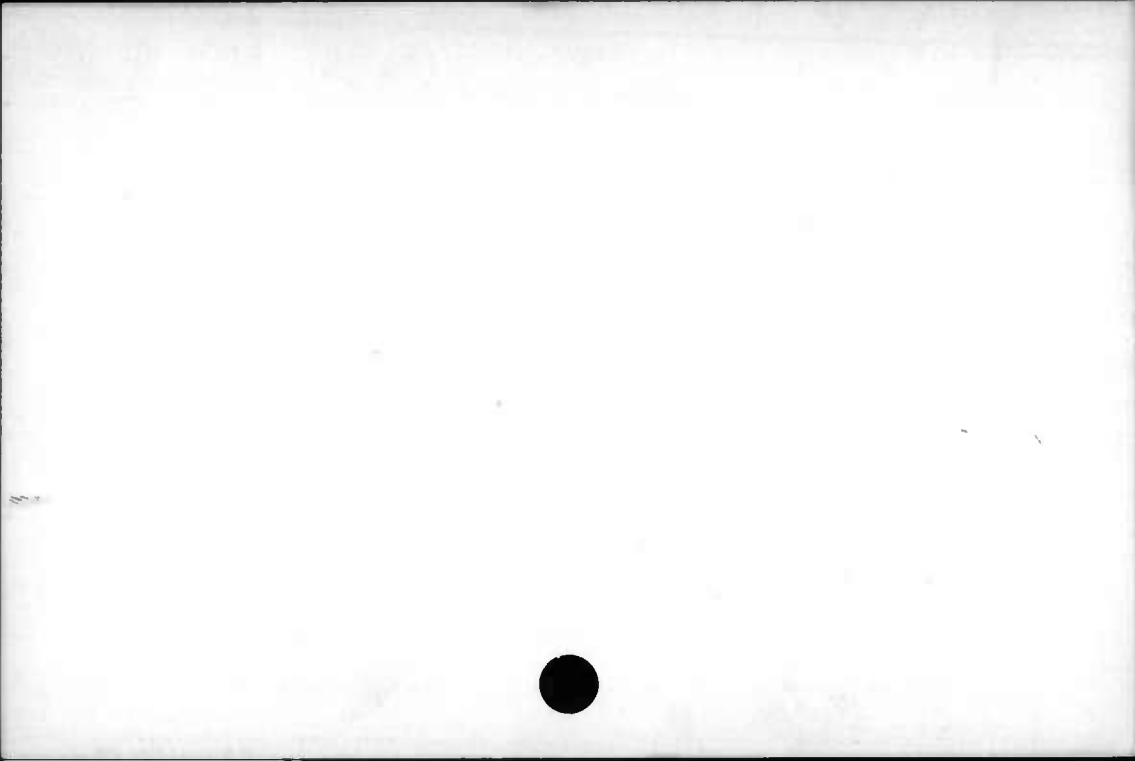
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full		Mary Naorna Duffin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mountville		Frederick		MARYLAND	
	Date of death 190	3	Sept	25	Age	18	Months 5
	Sex	Female		Color or Race	Colored	Birth- place	Mountville
	Married, Single or Widowed	Single		Occupation Domestic			
	Name of Wife or Husband	7					
	Father's Name	William P. Duffin				Father's Birthplace	Maryland
	Mother's Maiden Name	Mary L. Brown				Mother's Birthplace	" "
Name of person giving In formation	Henson Duffin				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Consumption				How long	About 2 years
	Immediate	Asthenia and Exhaustion				How long	Several days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						



Name  
in  
Full

Mary Ann Fort

CERTIFICATE OF DEATH

near *Frederick* Town

*Frederick* County

MARYLAND

Date  
of death 1903

Month  
9

Day  
21

Age 90-  
Years

Months  
11

Days  
2

Sex *Female*

Color or  
Race *White*

Birth-  
place *MD*

Married, Single  
or Widowed *Widowed*

Occupation

Name of ~~Wife or~~  
Husband

*Lewis Fort 99.*

Father's  
Name *Jacob Late*

Father's  
Birthplace *MD*

Mother's  
Maiden Name *Elizabeth Miller*

Mother's  
Birthplace *MD*

Name of person giving  
Information *Elizabeth Fort*

How related  
to deceased *Atter*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

Address

*Wm Campbell*

*Frederick*

*MD.*

Accident or Suicide?

*—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

James Ebricht

## CERTIFICATE OF DEATH

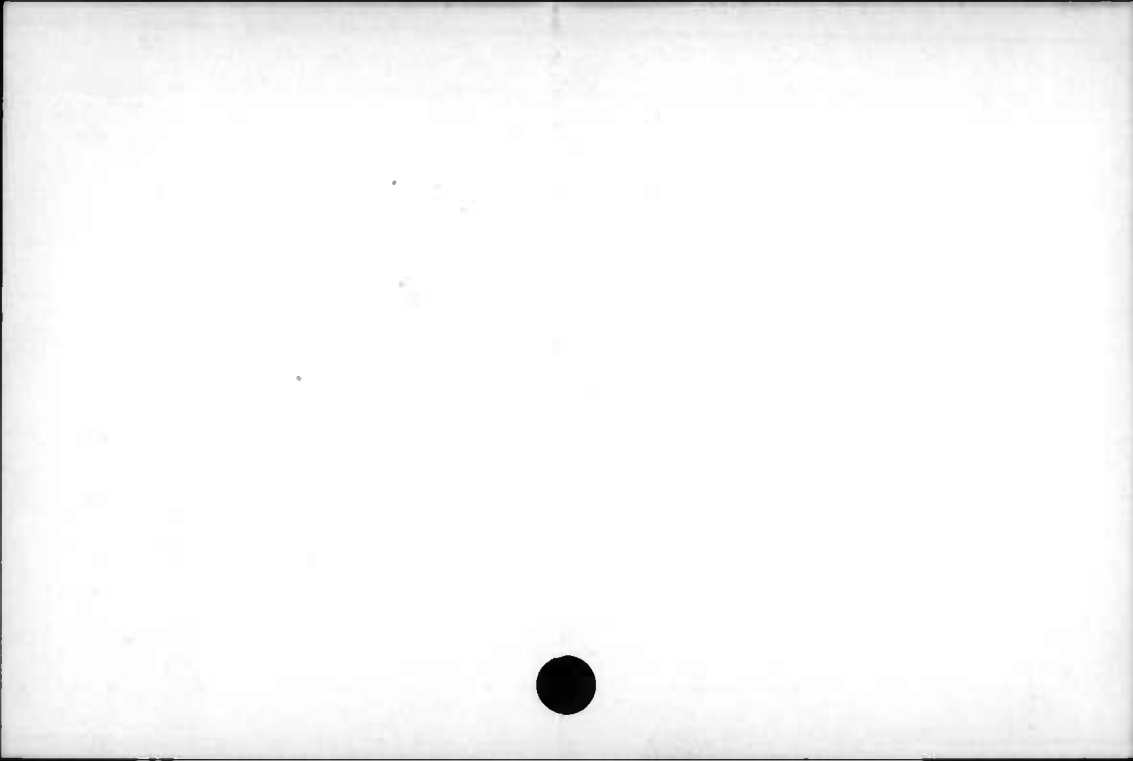
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Indeuch</i>		<sup>County</sup> <i>Indeuch</i>		MARYLAND	
Date of death 1903	Month 9	Day 8	Age 54	Years 5	Months 5
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indeuch</i>		
Married, <del>Single</del> or Widowed			Occupation <i>Stechster</i>		
Name of Wife or Husband <i>Rhoda</i>					
Father's Name <i>Wm Ebricht</i>			Father's Birthplace <i>Indeuch Md</i>		
Mother's Maiden Name <i>Sarah Edelberger</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Wm Ebricht</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>20 years</i>
Immediate <i>Paralysis Heart</i>	How long <i>Sustent</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paulina Kudaska</i>
	Address <i>Indeuch</i>
Accident or Suicide? <i>x</i>	<i>Md</i>





Name in Full		Mary Maunt Gittinger				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1903	Month	9	Day	23
				Age	72	Years	9	Months
				Days	28			
		Sex	Female	Color or Race	White	Birth-place	Md.	
		Married, Single or Widowed	Married	Occupation				
		Name of <del>Wife or</del> Husband	3. James Gittinger					
Father's Name	Eidem Maunt				Father's Birthplace	Md.		
Mother's Maiden Name	Elija J. Sides				Mother's Birthplace	Md.		
Name of person giving information	J. J. Gittinger				How related to deceased	Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		apoplexy				Immediate		
		Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician				
				Address				
Accident or Suicide?		—		Frederick Md.				



Name  
in  
Full

## CERTIFICATE OF DEATH

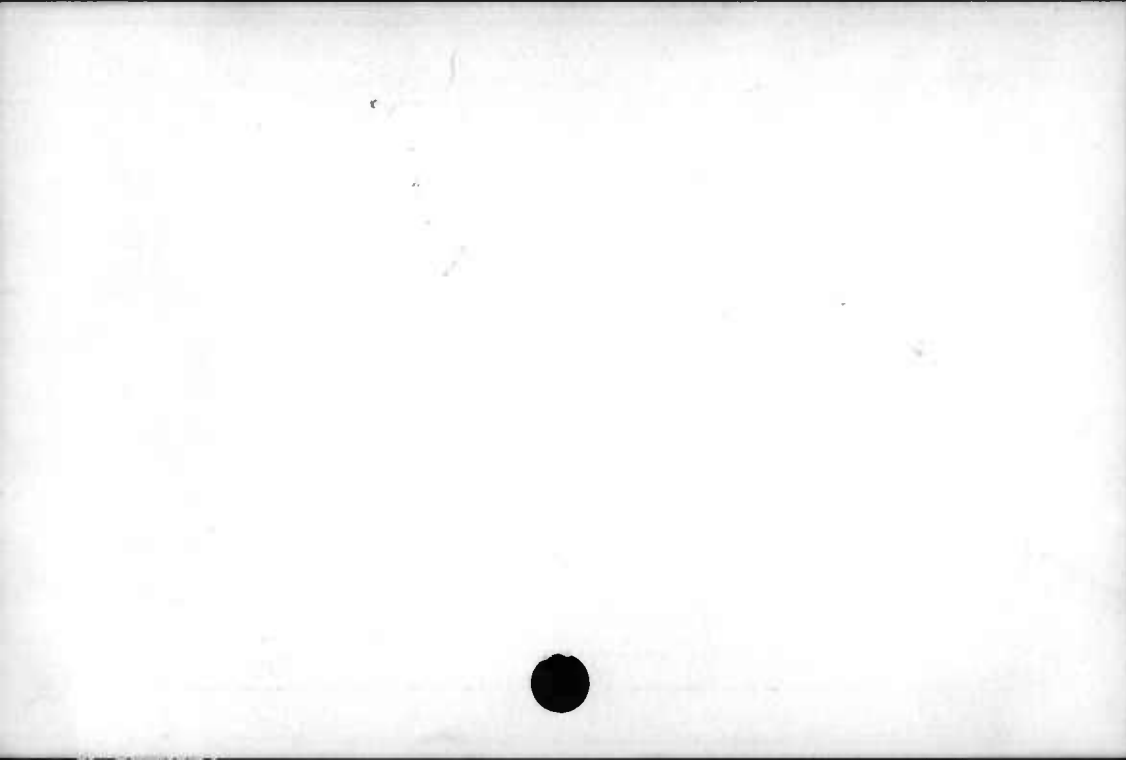
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Edward Ellis</i>		Town <i>Freagaville</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Freagaville</i>		Date of death 1903		Month <i>Sept.</i>		Day <i>30</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Age —		Years <i>5</i>	
Married, Single or Widowed		Birth- place <i>Freagaville</i>		Months <i>1</i>		Days <i>1</i>	
Name of Wife or Husband				Occupation			
Father's Name <i>Chas. E. Ellis</i>				Father's Birthplace <i>Freagaville</i>			
Mother's Maiden Name <i>Anna Hape</i>				Mother's Birthplace			
Name of person giving Information <i>Chas. E. Ellis</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>About 3 Months</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Goodman, M.D.</i>
	Address <i>Castle Bldg Frederick, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Richard Fogle

Town

County

Died at

New Midway

Frederick

MARYLAND

Date

1903

Month

9

Day

6

Y.

4

M.

D.

Native of

Md.

Occupation

Infant

Male

Female

White

~~Colored~~~~Married~~

Single

Widow

Widower

~~Divorced~~

Number of children living

Husband

of

Wife

Father's

Name

Harris Fogle

Mother's

Name

Martha Fogle

Cause of

Primary

Malaria

How long sick

4 da

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

W. K. Fogle

Address

Nordham Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060



Name  
in  
Full

*Sarah Guyton.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Buckittsville</i> <sup>Town</sup>		<i>Ortelle</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept.</i>	Day <i>9</i>	Years <i>84</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female.</i>	Color or Race <i>White.</i>		Birth-place <i>Maryland.</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Retired.</i>			
Name of Wife or Husband <i>William Guyton</i>					
Father's Name <i>Jos. Ausherman.</i>			Father's Birthplace <i>Maryland.</i>		
Mother's Maiden Name <i>Lydia Arnold.</i>			Mother's Birthplace <i>Maryland.</i>		
Name of person giving information <i>Char. L. Guyton</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis.</i>	How long <i>About 1 year.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>C. H. Schiltz</i>
	Address <i>Buckittsville, Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

Catherine Elizabeth Hale

Town

County

Died at

Mountville

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Sept.

22

Age

84 (?)

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Widow

Occupation

None

Name of Wife or  
Husband

William Hale

Father's  
Name

Do not know

Father's  
Birthplace

Do not know

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
Information

M. R. Etchison

How related  
to deceased

No relationship

## CAUSES OF DEATH

Primary

Valvular ~~Heart~~ disease & Arteriosclerosis

How long

Do not know

Immediate

General athermia &amp; Cardiac failure

How long

3 weeks + (?)

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

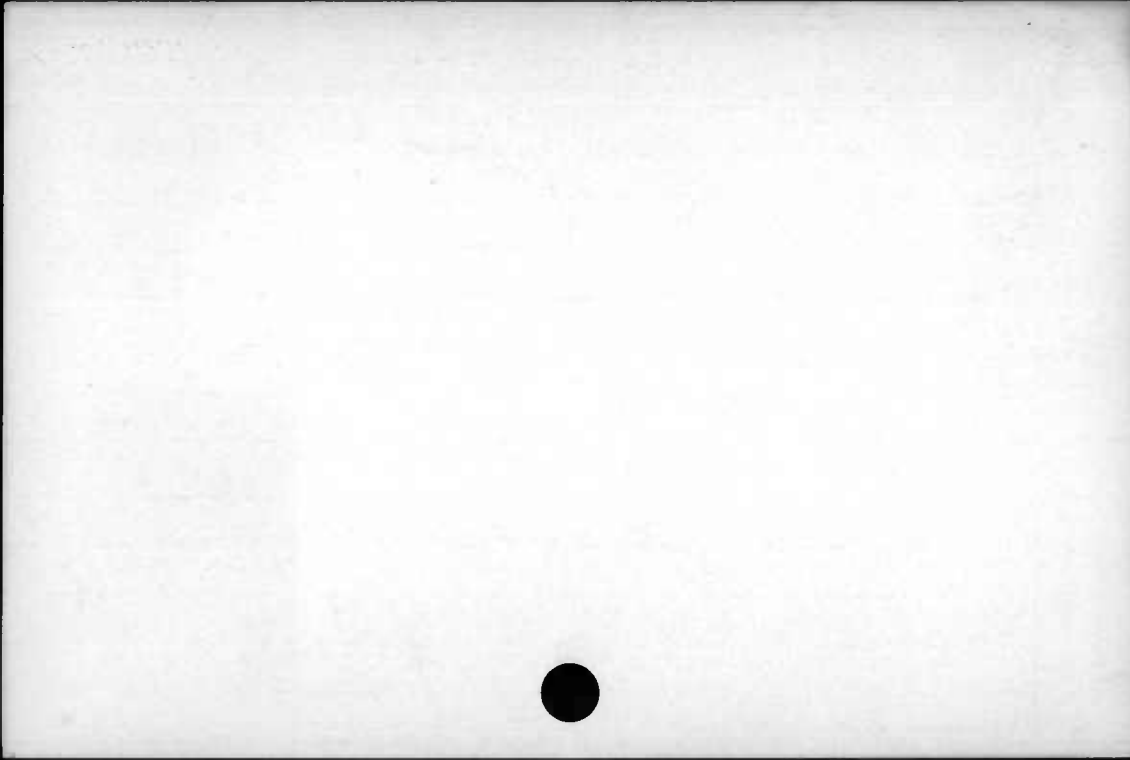
C. R. Brown, M.D.

Address

Jefferson, Frederick County, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Susan A B Harbaugh				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Sabillasville		County Frederick		MARYLAND	
		Date of death 1903		Month Sept.		Day 23		Age ✓	
		Sex Female		Color or Race white		Birth-place Frederick Md		Months ✓	
		Married, Single or Widowed Single		Occupation				Days -	
		Name of Wife or Husband							
		Father's Name Elias Harbaugh				Father's Birthplace Frederick Co, Md			
		Mother's Maiden Name Catharine Gonder				Mother's Birthplace Pa			
		Name of person giving information Jas. K Waters				How related to deceased Nothing			
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary Septicemia of the Lung				How long Two weeks			
		Immediate 13				How long			
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician James K Waters			
						Address Thurmond			
		Accident or Suicide? —							

of

Name in Full

Certificate of Death

Wm Augustus Hartman

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1903 Sept 3 | Age - - 4 | Native of Frederick | Occupation -  
 Male White Married Widow Divorced -  
 Female Colored Single Widower Number of children living -

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Jos Hartman  
 Congenital occlusion of Rectum - since birth  
 Peritonitis  
 Accident, Suicide, Homicide

Reported by

Address

Sabner MD  
 17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name  
in  
Full

## CERTIFICATE OF DEATH

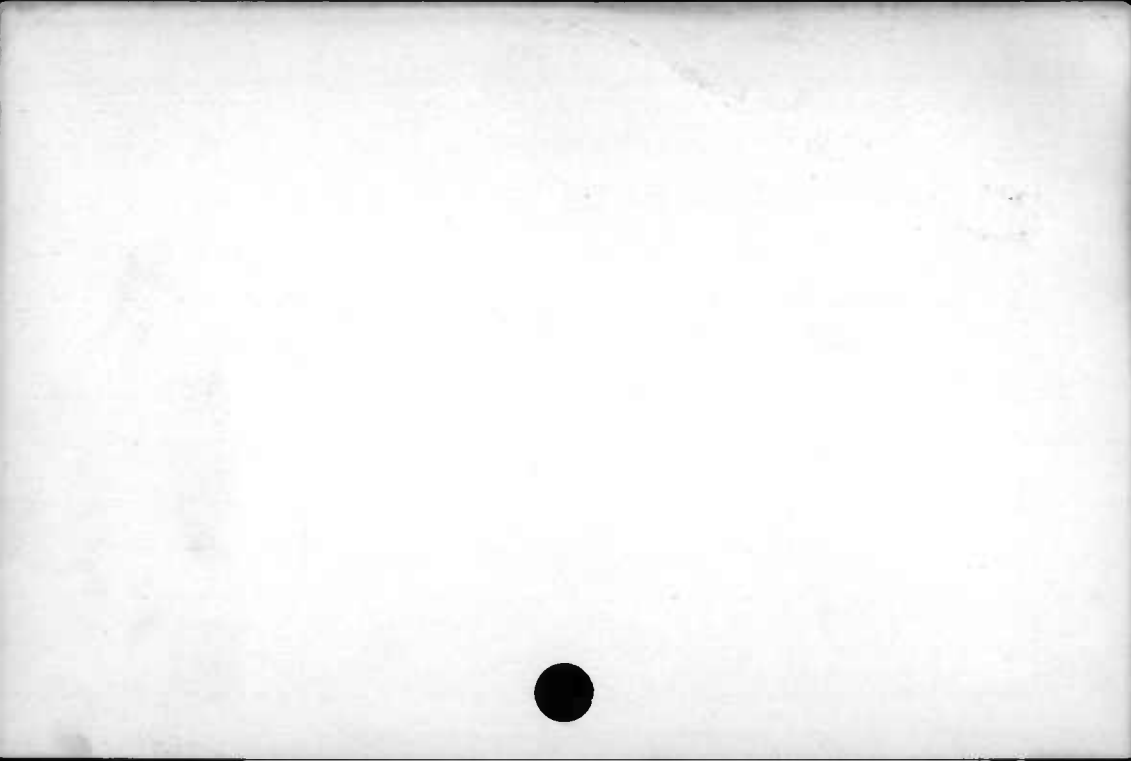
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		Sept.	21	41		2	
Sex		Color or Race		Birth-place			
Male		white					
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
				Sister			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Pulmonary Tuberculosis			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Alvey J. Smith	
		Address	
		Wolfsville	
		Md	
Accident or Suicide?			





Name in Full

Certificate of Death

Died at

Date 1903

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mildred Angel James

Town

County

Centerville

Frederick Co.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 5

10-11

Md

✓

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

✓

Mother's

Maiden Name

William Henry James

Laura Julia Angel

Primary

Marasmus with complicated Throat, About 2 months

Immediate

General Asthenia

~~Accident, Suicide, Homicide~~

C A Stutz MD

Woodboro Md.



Name  
in  
Full

Serge William Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death 190		3	Month 9	Day 11	Age 65	Years 5	Months 29
Sex Male		Color or Race Blk		Birth- place			
Married, Single or Widowed		Married		Occupation			
Name of Wife or Husband		Ruth					
Father's Name		64.				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Acute Indigestion		How long		5 days	
Immediate		apoplexy		How long		1 day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. Wm. C. Johnson	
				Address		Frederick Md	
Accident or Suicide?		—					



Ernest Jones

Town

County

Died at

Indruch

Indh

MARYLAND

Date

1905

Month

Day

9-7

Y.

M.

D.

- 8 - -

Native of

Indh

Occupation

—

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Joseph Jones

Mother's

Name

Harrist Stanley

Cause of

Primary

How long sick

Death

Immediate

Manasum

Accident, Suicide, Homicide

Reported by

C. C. Leahy

Address

Green Mount Cemetery-

Name  
in  
Full

Ruth Elizabeth Refauner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Burkettsville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>sep</i>	Day <i>25</i>	Age <i>54</i>	Years	Months <i>7</i>	Days <i>15</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>W. Scott Refauner</i>							
Father's Name <i>Ed R House</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Grove</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>W. Scott Refauner</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Yes Yourtee</i>
	Address <i>Burkettsville, Md.</i>
Accident or Suicide?	

3





Name in Full

Certificate of Death

George King

Town

County

Died at

Friedens

"

MARYLAND

Date

1903

Month

9

Day

8

Y.

18

M.

3

D.

18

Native of

Germany

Occupation

Pattern maker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Locomotor Ataxia

How long sick

5 yrs

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. F. Goodell. M.D.

Address

Friedens, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

John. Sebastian. Lakin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Near Jefferson</i>		County <i>Fredricks</i>		MARYLAND	
Date of death 190	3	Month <i>Sept</i>	Day <i>17</i>	Age <i>65</i>	Years	Months <i>2</i>	Days <i>7</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Near Jefferson</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Bertha E. Cochran</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Bertha E. Lakin</i>				How related to deceased <i>Wife</i>			

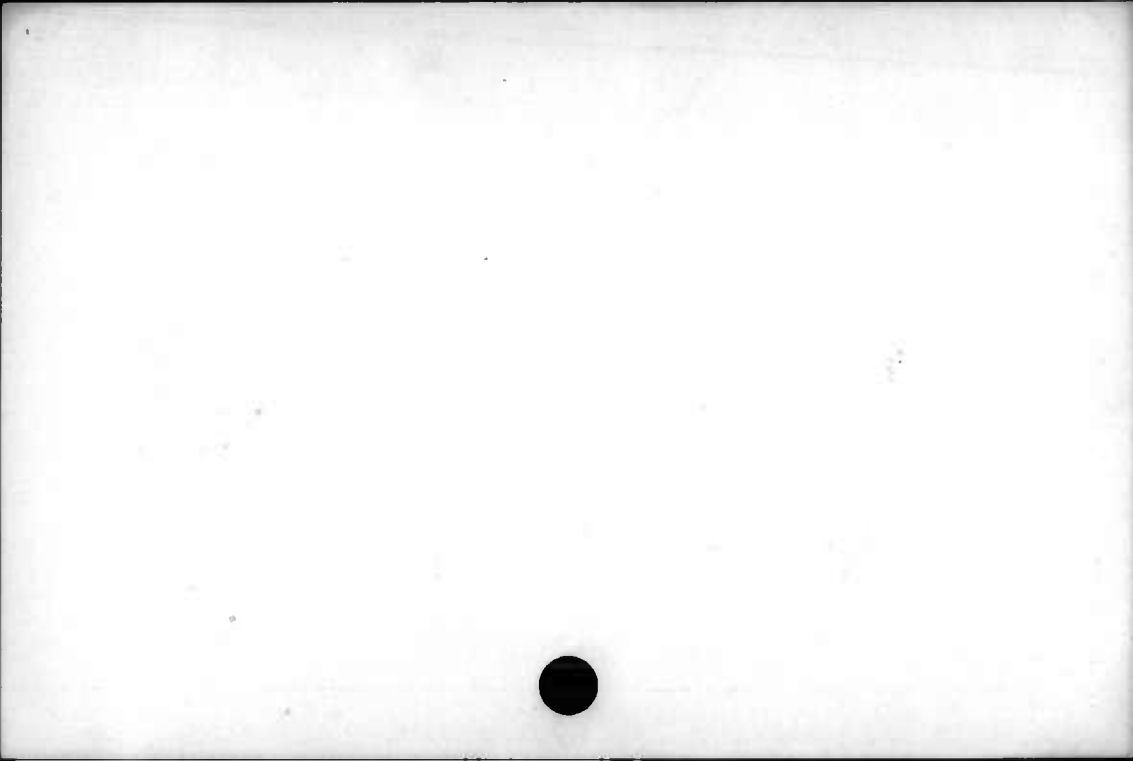
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Apoplexy</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. Boteler, M.D.</i>
	Address <i>Jefferson Fred. Co</i>
Accident or Suicide?	<i>Ind</i>



Name in Full <b>Harry Larkins</b>		Town <b>Frederick</b>				County <b>Frederick</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at						MARYLAND	
		Date of death 1903		Month <b>Sept</b>		Day <b>20<sup>th</sup></b>		Age <b>21 9</b>	
		Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Frederick</b>			
		Married, Single or Widowed <b>Single</b>		Occupation <b>Waiter</b>					
		Name of Wife or Husband							
		Father's Name <b>Peter Larkins</b>		Father's Birthplace <b>Frederick</b>					
		Mother's Maiden Name <b>Annie Larkins</b>		Mother's Birthplace <b>Frederick</b>					
		Name of person giving information <b>Grayson Larkins</b>		How related to deceased <b>Brother</b>					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <b>Pulmonary Consumption</b>				How long <b>About 2 years</b>			
		Immediate <b>Hemorrhage</b>				How long <b>10- to 15 minutes</b>			
		Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>				Signature of Physician <b>Dr. U. G. Bourne</b>			
						Address <b>Frederick, Md</b>			
		Accident or Suicide?							



Name  
in  
Full

Ralph Alvin Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>City Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>10</i>	Years <i>10</i>	Months <i>10</i>	Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed <i>X</i>		Occupation <i>X</i>					
Name of Wife or Husband <i>_____</i>							
Father's Name <i>Wm A</i>				Father's Birthplace <i>11/6</i>			
Mother's Maiden Name <i>Annie Groth</i>				Mother's Birthplace			
Name of person giving information <i>Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Peritonitis</i>	How long <i>9 days</i>
Immediate <i>Surgical Shock</i>	How long <i>7</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Acorn St W</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Catherine Jane McGwin

Died at

Ennitsburg

Town

Frederick

County

MARYLAND

Date

of death 1903

Month

9

Day

29

Years

Age

36

Months

1

Days

Sex

Female

Color or  
Race

White

Birth-  
place

New York

Married, Single  
or Widowed

Single

Occupation

Religious

Name of Wife or  
HusbandFather's  
Name

Wm McGwin

30

Father's  
Birthplace

New York

Mother's  
Maiden Name

Mary Flood

Mother's  
Birthplace

New York

Name of person giving  
Information

Jr Bernadine Oradoff

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Tuberculosis spinal vertebra and cord

How long

Three weeks

Immediate

Paralysis Brain

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John B Brown M.D.  
Ennitsburg

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

in  
Full

Still, Denver Miller

## CERTIFICATE OF DEATH

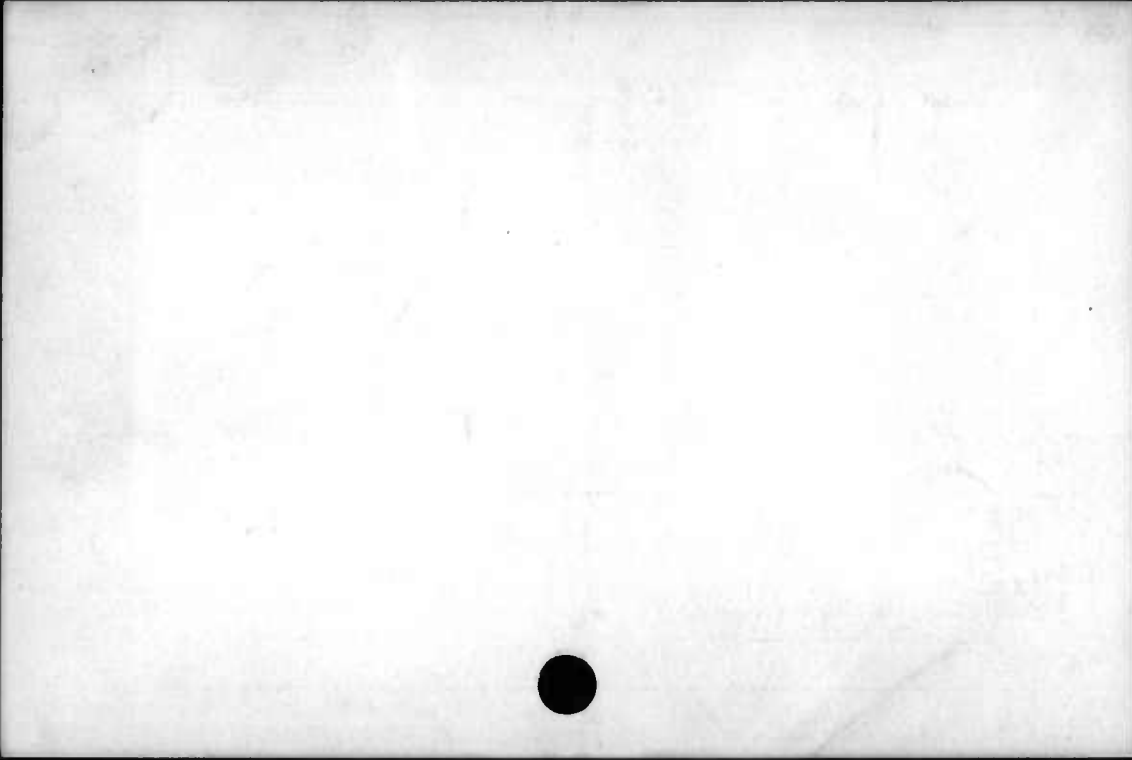
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hansonville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>23</i>	Age <i>—</i>	Months <i>2</i>	Days <i>29</i>
Sex <i>—</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Newton Still</i>			Father's Birthplace <i>Frederick Md</i>		
Mother's Maiden Name <i>Miller</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition, (Marasmus)</i>	How long <i>Since Birth</i>
Immediate <i>Aschemia</i>	How long <i>(8w)</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. G. Fahmy M.D.</i>
	Address <i>Frederick Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Name *Jane Morgan (St. Ann Patricia)*

Town *Emmitsburg* County *Frederick*

Died at *Emmitsburg*

Date of death 1903 *Sept* Month *2nd* Day *83* Years *4* Months *4* Days

Sex *Female* Color or Race *White* Birth-place *Dublin Ireland*

~~Married~~, Single *Religious*

Name of Wife or Husband *Patrick Morgan*

Father's Name *Jane Doyle*

Mother's Maiden Name *Sister Bernard Ondruff*

Name of person giving information *How related to deceased* *The owner*

## CAUSES OF DEATH

Primary *Softening of brain* How long *Several years*

Immediate *Coma* How long *2 weeks*

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician *Robert L. Annan M.D.*

Address *Emmitsburg Md.*

*Accident or Suicide?*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George W. Norris</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Date of death 1903		Month <i>9</i>	Day <i>10</i>	Years <i>60</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Chlork.</i>					
Name of Wife or <del>husband</del> <i>Mary Lavenia Bohm.</i>							
Father's Name <i>Amos T. Norris.</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary Miller.</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. Norris</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>24 hours</i>
Immediate		How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>J. S. Maynard.</i>	
		Address <i>17 Green St. W.</i>	
Accident or Suicide? <i>—</i>			





Name In Full

Certificate of Death

Died at

Date 1903

Male

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

MARYLAND

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

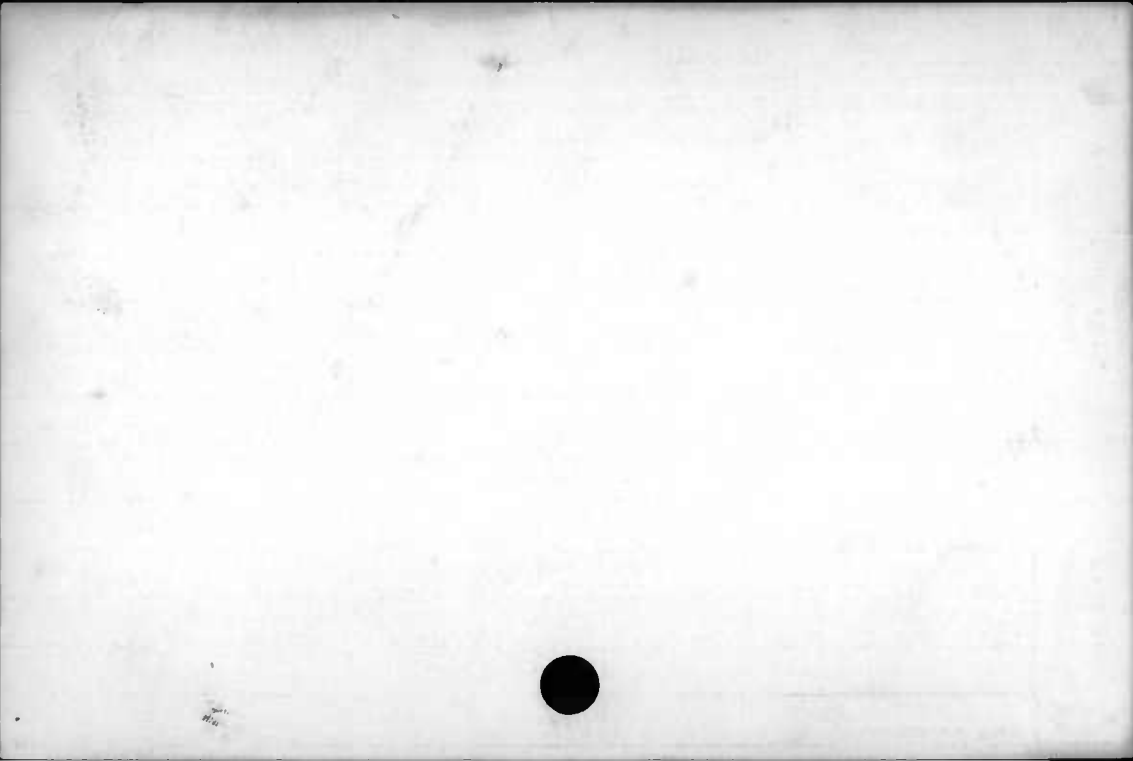
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Edward Porter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brunswick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>3</u>	<u>Sept</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>      </u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>16</u> <small>Days</small>	
	Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>			
	Married, Single or Widowed <u>Single</u>		Occupation <u>chess</u>				
	Name of Wife or Husband <u>      </u>						
	Father's Name <u>Ernest Levi Porter</u>			Father's Birthplace <u>Md.</u>			
	Mother's Maiden Name <u>Daisy May Calwell</u>			Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Daisy May Porter</u>			How related to deceased <u>Mother</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Marasmus or Inanition</u>			How long <u>3 mos</u>			
	Immediate <u>      </u>			How long <u>      </u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>Levi Tract</u>			
				Address <u>Brunswick Md</u>			
	Accident or Suicide? <u>      </u>						



Name  
in  
Full

Fanny Posey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>June Klein</i> Town <i>r</i>		County <i>Indians</i>		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>1</i>	Age <i>75</i> Years	Months <i>6</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Indians Co Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Servant</i>			
Name of Wife or Husband <i>Posey</i>					
Father's Name <i>Richard Offutt</i>			Father's Birthplace <i>Indians Co Md</i>		
Mother's Maiden Name <i>Lucy Offutt</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>J.B. Rice</i>			How related to deceased <i>Medicinal</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

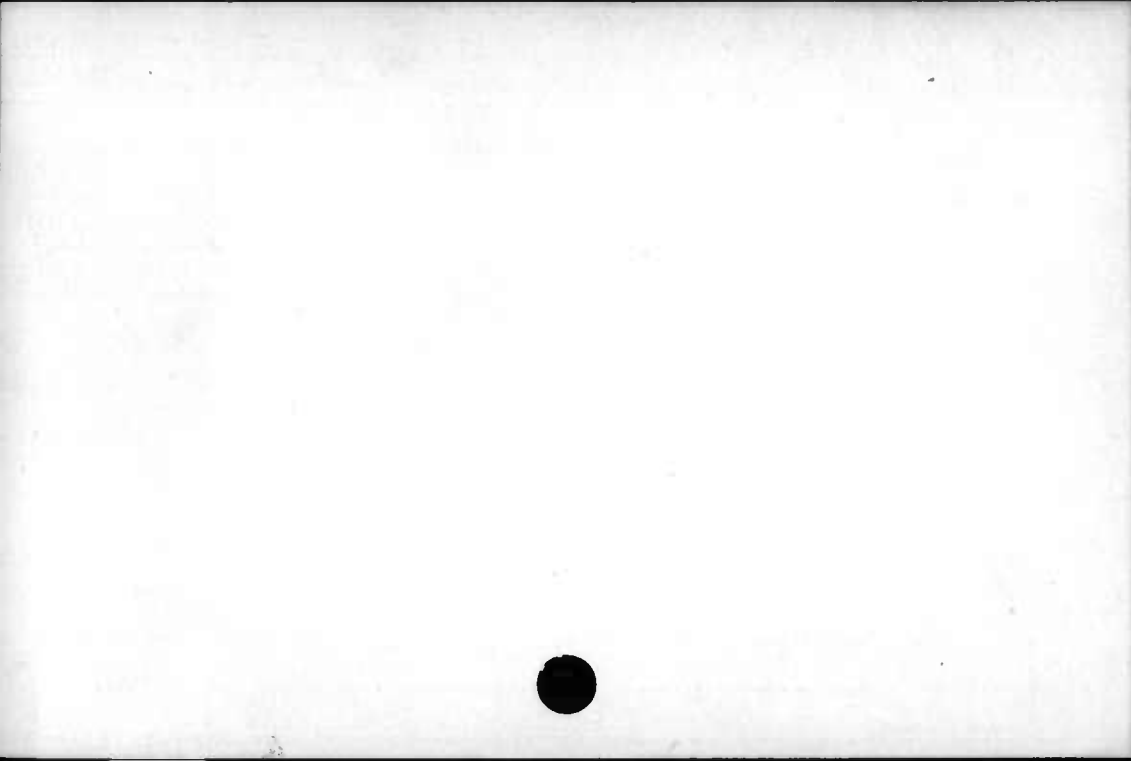
Primary <i>Tuberculosis</i>	How long <i>3 or 4 years</i>
Immediate <i>Mania</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J.B. Johnson</i>
	Address <i>Indians Md</i>
Accident or Suicide?	

Interment at Hooper Hill

" Sept 4<sup>th</sup> 03

A F Rice & Son's

Name in Full		Eleanor Poets				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Indines</i> <sup>Town</sup>		<i>Indines</i> <sup>County</sup>		MARYLAND	
		Date of death 1903	Month <i>Sept</i>	Day <i>15</i>	Age Years <i>33</i>	Months <i>10</i>	Days <i>11</i>
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Indines Md</i>		
		Married, Single or Widowed <i>Single</i>		Occupation <i>Lady</i>			
		Name of Wife or Husband					
Father's Name <i>Arthur Poets</i>		Mother's Maiden Name <i>Arden Mobberley</i>		Father's Birthplace <i>Indines Md</i>		Mother's Birthplace <i>Indines Md</i>	
Name of person giving in formation <i>Arthur Poets</i>				How related to deceased <i>Sister</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Papillary Sarcoma</i>				How long <i>Eighteen months</i>	
		Immediate <i>Mania</i>				How long <i>Two months</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. B. Johnson</i>	
						Address <i>Indines Md.</i>	
		Accident or Suicide?					





Name

in  
Full

## CERTIFICATE OF DEATH

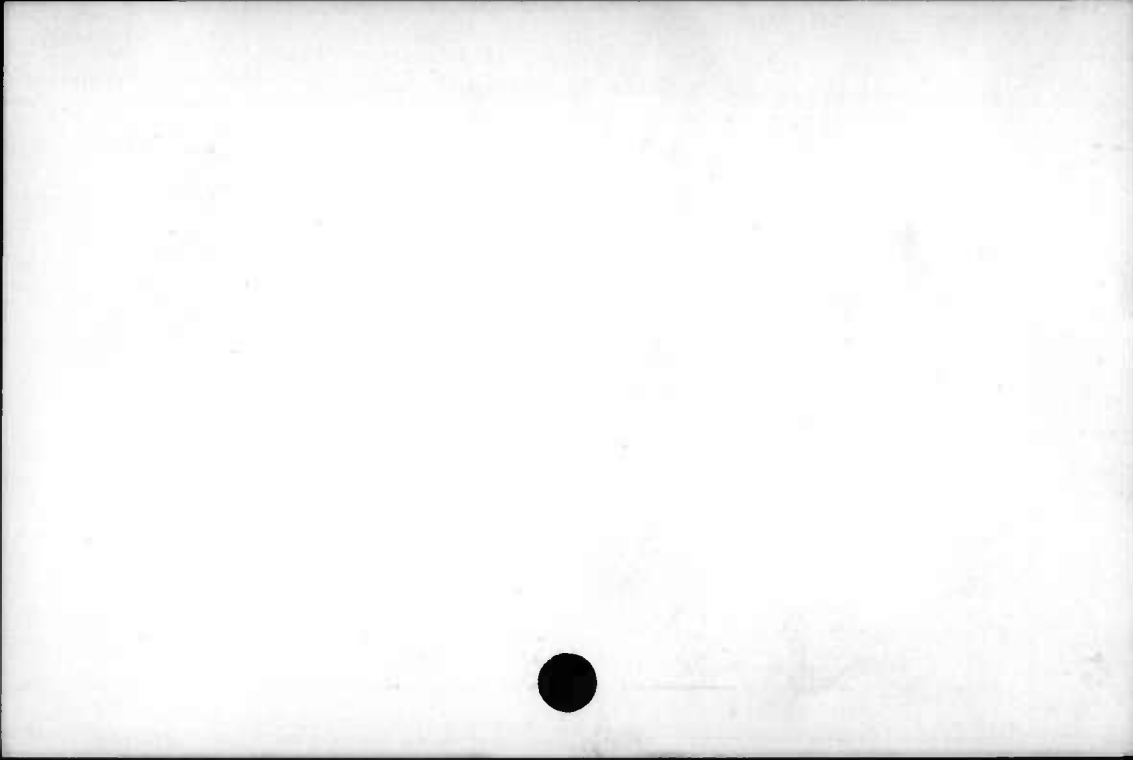
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Apr</i>	Day <i>25</i>	Age <i>40</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>				
Married, <del>Single</del> or Widowed			Occupation <i>Hod carrier</i>				
Name of Wife or Husband <i>Rochael Preater</i>							
Father's Name <i>X X</i>				Father's Birthplace <i>X X</i>			
Mother's Maiden Name <i>X X</i>				Mother's Birthplace <i>X X</i>			
Name of person giving information <i>Rochael Preater</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Exhaustion Cramps</i>	How long <i>24 hours</i>
Immediate <i>see Location</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. A. Long M.D.</i>
	Address <i>Frederick Md</i>
<del>Accident or Suicide?</del>	<i>37 E Pollock St.</i>



Name  
in  
Full

Maggie C Pyle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lays</i> Town			County <i>Frederick</i>			MARYLAND		
Date of death 1903	Month 9	Day 12	Age 35	Years	Months 6	Days 29		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa. York Co</i>				
Married, <del>Single</del> <del>or Widowed</del>				Occupation <i>Housewife</i>				
Name of <del>Wife or</del> Husband <i>J C Pyle</i>								
Father's Name <i>Jacob Markey</i>				Father's Birthplace <i>20</i>				
Mother's Maiden Name <i>Elizabeth Markey</i>				Mother's Birthplace <i>—</i>				
Name of person giving information <i>Husband</i>				How related to deceased <i>—</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pyæmia</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Morris A. Birch</i>
	Address <i>Thurmont</i>
Accident or Suicide? <i>—</i>	<i>Me.</i>



Name In Full

Certificate of Death

Urias D. Pamsburg

Town

County

Died at

MARYLAND

Date 1803 Sept 1st Y. M. D. Native of Md Occupation Farmer

Male White Married Widow ~~Divorced~~ Number of children living Five

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of Ann S. Pamsburg

Wife

Father's Name Frederic Pamsburg

Mother's Name

Cause of Death Primary Old age Immediate Apoplexy

How long sick 3 yrs

Accident, Suicide, Homicide

Reported by A. E. Miller

Address Fredricks Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999



Name  
in  
Full

Margaret B. Reusburg

## CERTIFICATE OF DEATH

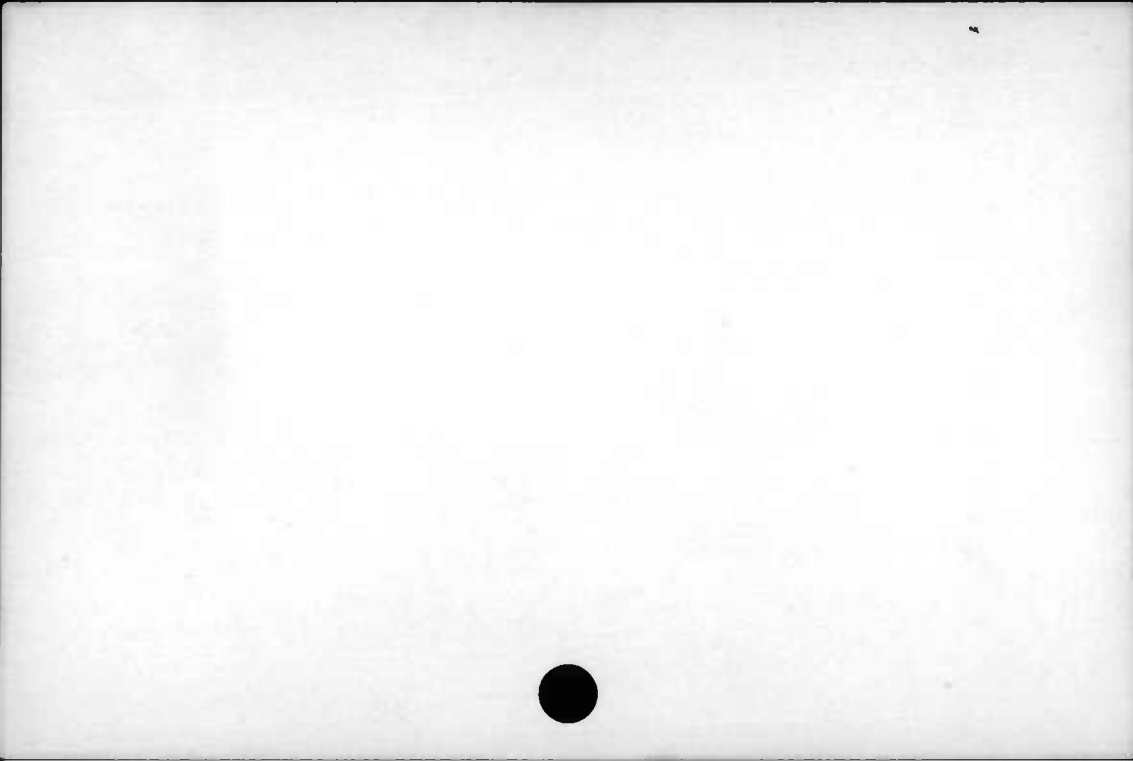
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Middletown</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 1903		Month <i>Sept</i>	Day <i>8</i>	Age Years	<i>7</i>	Months	Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed		<i>Single</i>		Occupation <i>—</i>			
Name of Wifa or Husband <i>—</i>							
Father's Name <i>Henry T. Reusburg</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Berti Koogle</i>				Mother's Birthplace <i>md</i>			
Name of parson giving In formation <i>Marshall Fitch, exp.</i>				How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Locked Bowels</i>	How long	<i>5 days</i>
Immediate	<i>Gangrene</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. O. Lamon, M.D.</i>	
<i>yes</i>		Address <i>Middletown, md.</i>	
Accident or Suicide?		<i>—</i>	





Name in Full		Joseph Robinson				CERTIFICATE OF DEATH			
		Town		County		MARYLAND			
Died at		Monterme Hospital Frederick							
Date of death 190		Month Sept		Day 7		Years 29		Months Days	
Sex Male		Color Black		Birth- place					
Married, Single <del>or Widowed</del>		X		Occupation		Laborer			
Name of Wife or Husband		X							
Father's Name		X		72		Father's Birthplace			
Mother's Maiden Name		X				Mother's Birthplace			
Name of person giving information						How related to deceased			
CAUSES OF DEATH									
Primary		Gunshot wound				How long high days			
Immediate		Delirium				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				S. S. Maynard			
		Address				17 Second St N.			
Accident or Suicide?									



Birdie K. Royer

Died at <sup>Town</sup> Sabillasville <sup>County</sup> Frederick

MARYLAND

Date 1903 <sup>Month</sup> Sept. <sup>Day</sup> 4 <sup>Y.</sup> Age 27 <sup>M.</sup> <sup>D.</sup> <sup>Native of.</sup> Frederick Co <sup>Occupation</sup> Housewife

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~

<sup>Female</sup> ~~Colored~~ <sup>Single</sup> ~~Widower~~ Number of children living <sup>one</sup>

Husband of ~~John T. Royer~~

Father's Name J. H. Hidenour

Mother's Maiden Name

Kasia Hidenour

Cause of Primary Typhoid Fever

Death Immediate

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

Reported by C. L. Wächter, M. D.

Address Sabillasville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

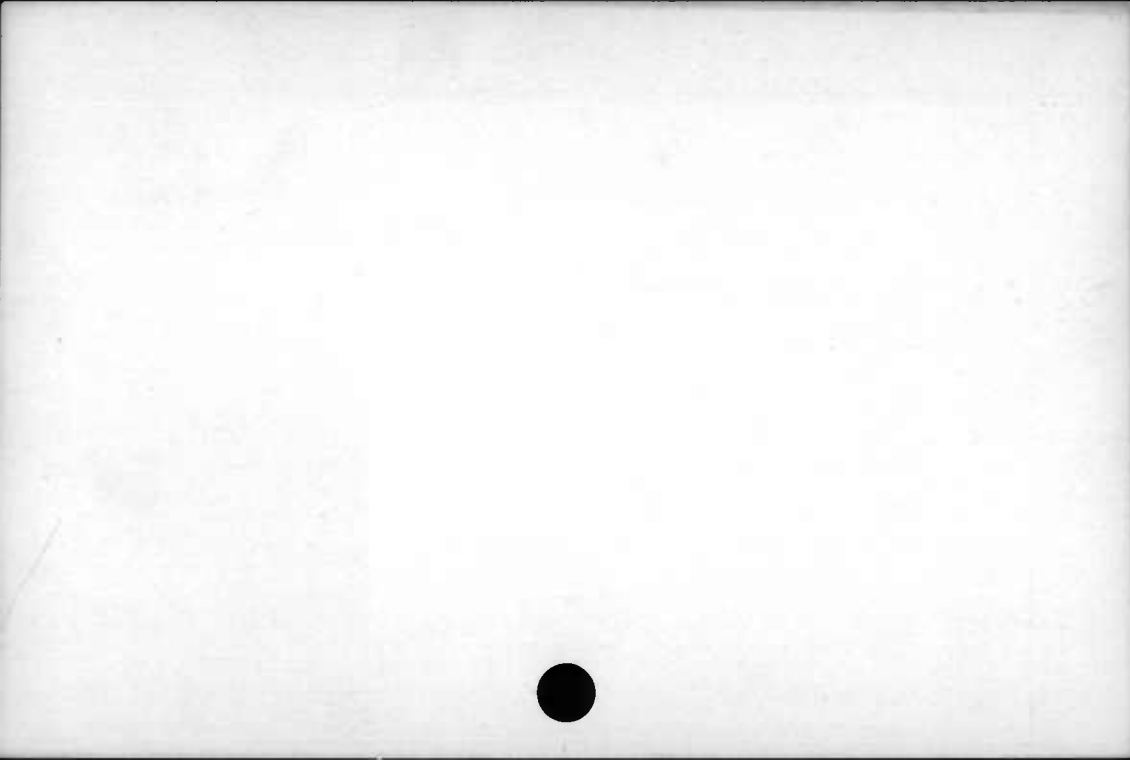
TO BE ANSWERED BY  
NEAREST FRIEND

Josephus A. Rudy  
Died at <sup>Town</sup> Middletown <sup>County</sup> Frederick  
Date of death 1903 <sup>Month</sup> Sept <sup>Day</sup> 18 Age <sup>Years</sup> 7 <sup>Months</sup> 7 <sup>Days</sup> 11  
Sex Male Color or Race white Birth-place Frederick Co.  
Married, Single or Widowed Single Occupation  
Name of Wife or Husband  
Father's Name Clarence W. Rudy Father's Birthplace Md.  
Mother's Maiden Name Annie L. Shoper Mother's Birthplace Md.  
Name of person giving In formation Marshall Feiler How related to deceased none

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis of Bowels How long 3 months  
Immediate Exhaustion How long  
Are the name, age, sex, color, date and place correctly given above? yes  
Signature of Physician A. A. Lauer M.D.  
Address Middletown, Md.  
Accident or Suicide?



Name  
in  
Full

Willanna Sewell

No. 28,

CERTIFICATE OF DEATH

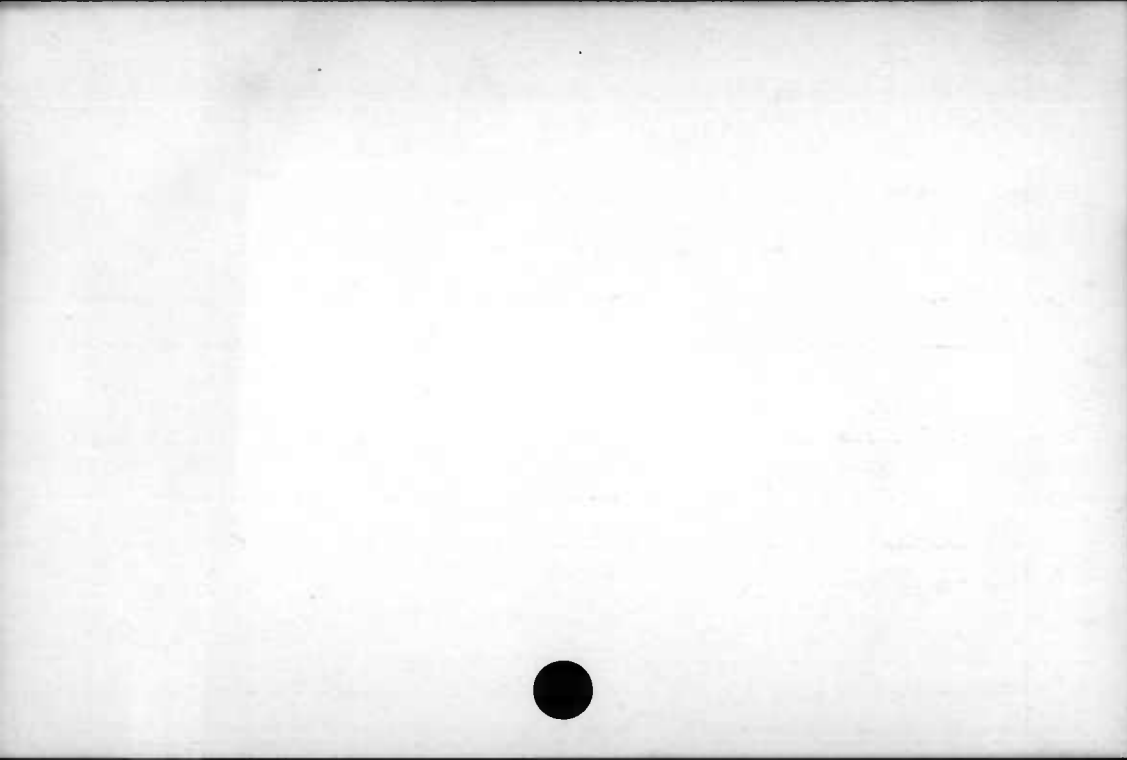
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near</i> <sup>Town</sup> <i>Monrovia</i>		<sup>County</sup> <i>Fredrick</i>		MARYLAND	
Date of death 190 <i>3</i>	<sup>Month</sup> <i>Sept.</i>	<sup>Day</sup> <i>28</i>	<sup>Years</sup> <i>Age 31</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Fredk. Co., Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of <del>wife</del> Husband <i>Tom P. Sewell</i>					
Father's Name <i>William Fry</i>	<i>134</i>		Father's Birthplace <i>Fredk. Co. Md</i>		
Mother's Maiden Name <i>Ruth D. Dury,</i>			Mother's Birthplace		
Name of person giving In formation <i>Dr. H. H. Hopkins Jr</i>			How related to deceased <i>in no way</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Abortion</i>	How long
Immediate <i>Acute General Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Howard H. Hopkins Jr</i>
	Address <i>New Market</i>
Accident or Suicide? <i>no.</i>	<i>Maryland</i>





Name in Full

Certificate of Death

Martha E. Shane

Died at <sup>Town</sup> West Falls <sup>County</sup> Frederick

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Sept	26		6	19	Md.	
<del>Male</del>	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband  
of  
Wife

Father's Name Augustus Shane Mother's Name Alice Fry

Cause of	Primary	How long sick
Death	Immediate Exhaustion	Two days
		Accident, Suicide, Homicide

Reported by Thomas P. Sappington M.D.

Address Unionville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Grace H. Smith-

## CERTIFICATE OF DEATH

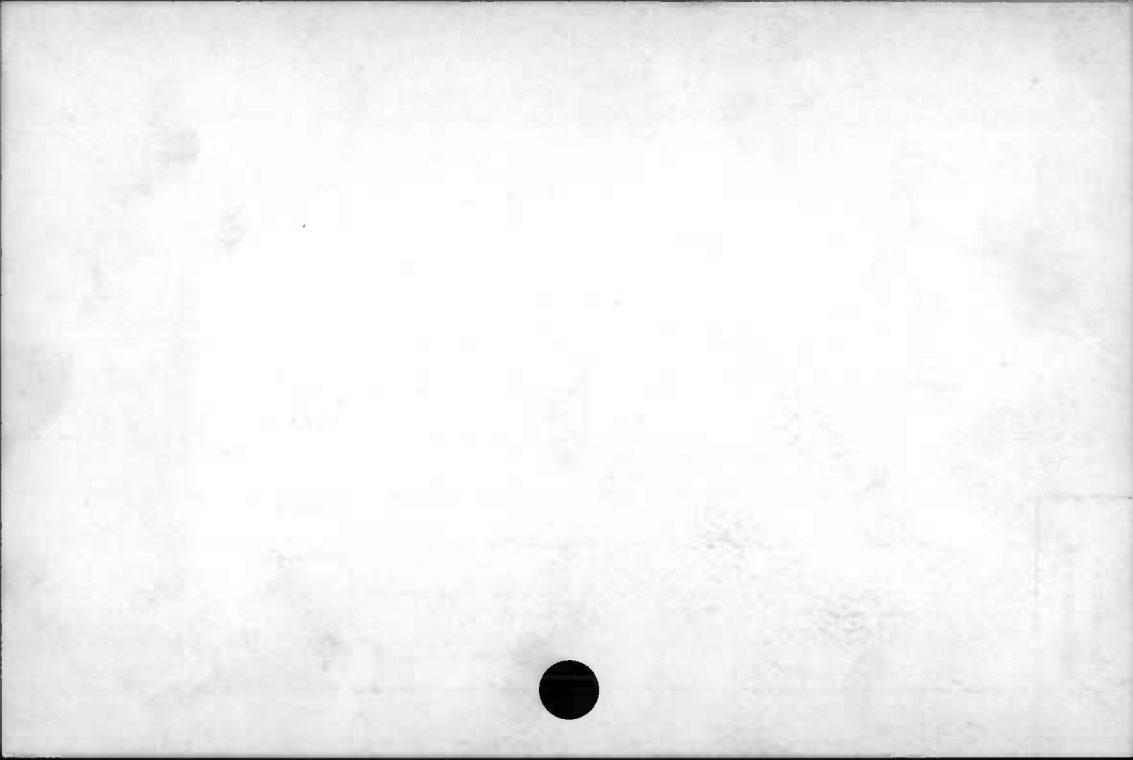
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Phelps Ind</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	3	Month	9	Day	13
Sex <i>Female</i>		Color or Race <i>White</i>		Months	11
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>		Days	13
Name of Wife or Husband <i>Charles E. Smith</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Father's Name <i>Charles E. Smith</i>		Mother's Maiden Name <i>Rebecca J. Bay</i>		How related to deceased <i>Father</i>	
Name of person giving information <i>C. E. Smith</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. A. Long</i>
	Address <i>City -</i>
Accident or Suicide?	



Name  
in  
Full

Clara Snowden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	

4

4



Name  
in  
Full

Scott H. Stone

## CERTIFICATE OF DEATH

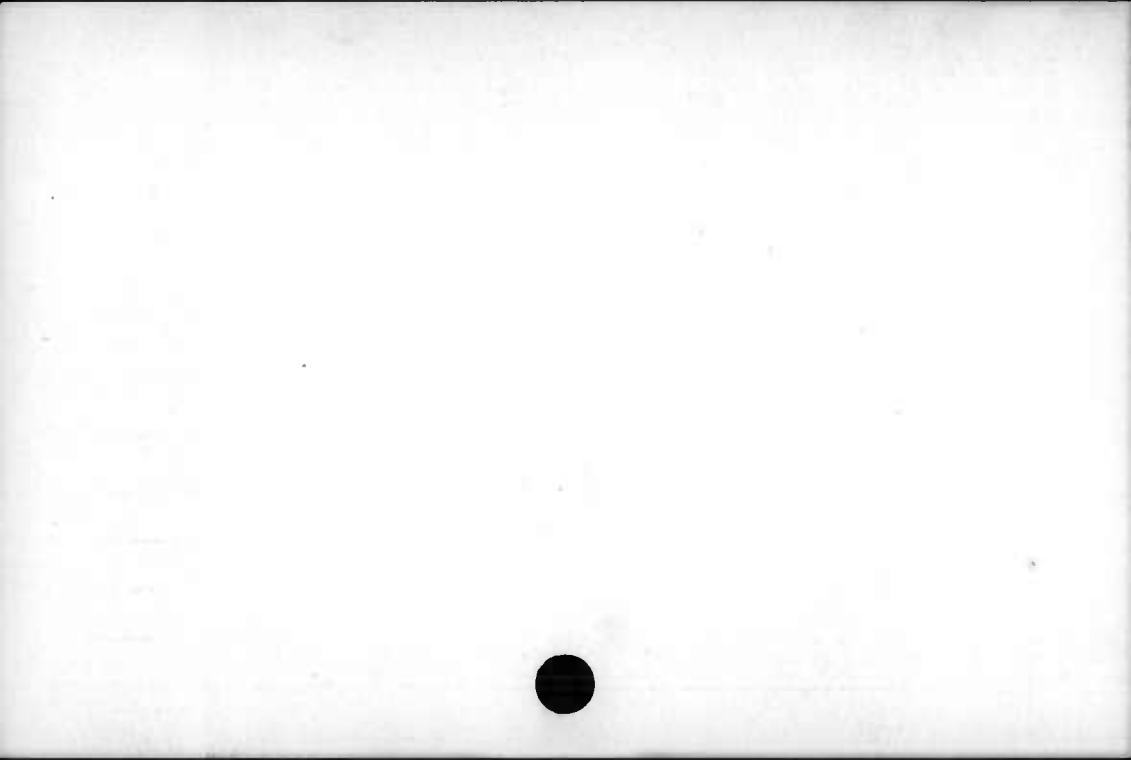
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County		MARYLAND	
Date of death 190		3	Month Sept	16th	Day	24	Years
Sex		Male		Color or Race		White	
Married, <del>Single</del> <del>Widowed</del>		Married		Occupation		Clerk	
Name of Wife or Husband		Annie M. Adams					
Father's Name		Charles W. Stone				Father's Birthplace	
Mother's Maiden Name		Susan C. Cyle				Mother's Birthplace	
Name of person giving In formation		Annie Adams				How related to deceased	
						Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	18 months
Immediate	Asthemia	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank Hedgcock	
Address		Frederick Md.	
Accident or Suicide?			





Name  
in  
Full

*Mrs. Louisa Wimbrenner*

CERTIFICATE OF DEATH

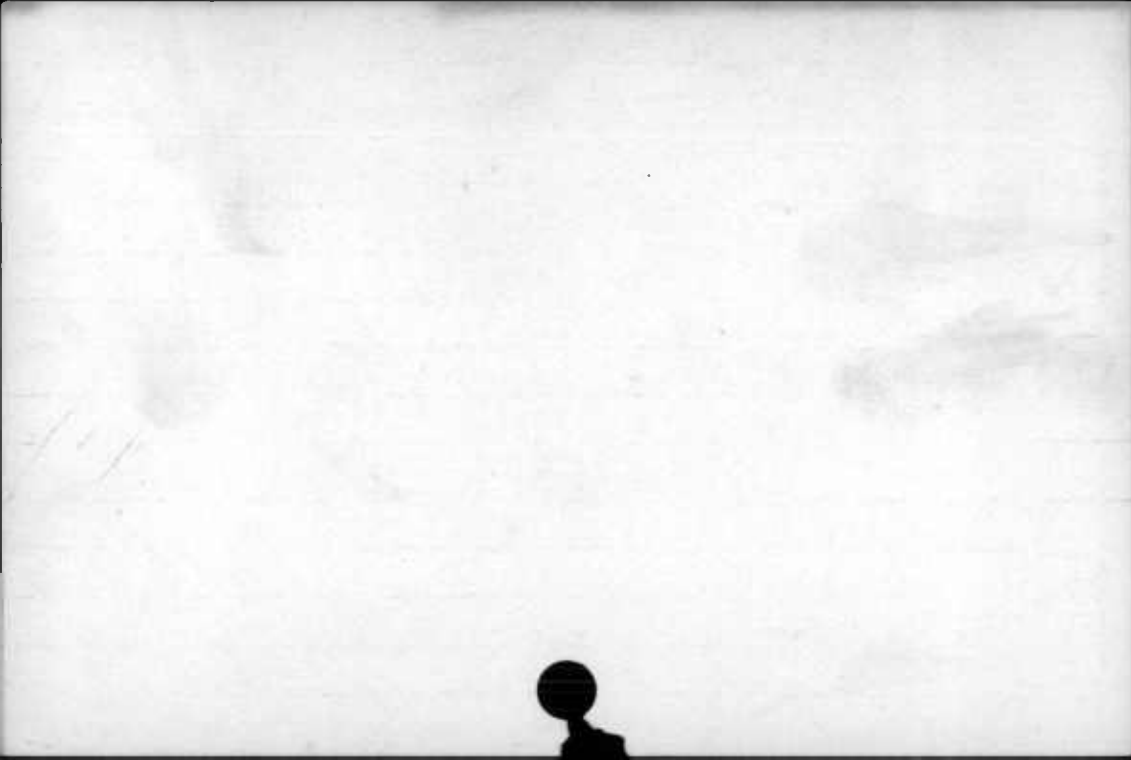
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montrose Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>50</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Married, Single or Widowed <i>Married</i>	Occupation <i>House wife -</i>						
Name of Wife or Husband <i>Thomas Wimbrenner</i>							
Father's Name <i>-</i>			Father's Birthplace <i>-</i>				
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>				
Name of person giving Information			How related to deceased <i>-</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy.</i>	How long <i>1</i>
Immediate <i>General Paralysis</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>x</i>	Signature of Physician <i>J. S. Maynard</i>
	Address <i>17 Second St. W.</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Ann Wolf</i>		Town <i>Lantz</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Lantz</i>		Date of death <i>1903 Sept 26</i>		Age <i>61</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hotville</i>		Days <i>8</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Hotville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William A. Wolf</i>					
Father's Name <i>John Gordan</i>		Father's Birthplace <i>Hotville</i>					
Mother's Maiden Name <i>Margaret M. Gordan</i>		Mother's Birthplace <i>Hotville</i>					
Name of person giving Information <i>Daughter</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Aprolexy</i>	How long <i>10</i>
Immediate <i>"</i>	How long <i>10</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. L. Wachter MD</i>
	Address <i>Sabersville Md</i>
Accident or Suicide?	

